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POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	96		
O.L.P.E. CLASSIFIER		43	1/27/90
FORMALITY REVIEW	M.M.	71620	2-15-90
RESPONSE FORMALITY REVIEW	M.M.	71620	4-11-90

INDEX OF CLAIMS

+ _____ Rejected
 - _____ Allowed
 - (Through numbers) _____ Canceled
 + _____ Resulted

N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy